

Signature of preparer

Charitable Gaming Quarterly Report Mail to: Office of Charitable Gaming				Do not write in this space.					
			į	☐ Accepted ☐ Conditional  Reviewed by D			•	☐ Denied Date	
	PO Box 98502	70004.0500	,			V		<b>7.</b> NI/A	
	Baton Rouge, LA	1 70884-9502	l	nventory A		Yes 🔲 No		⊒ N/A	
Please	Name				icense Number	Reporting Peri			
Type	Address					Calendar		st 2r	
Or				G-		Quarter	3r	rd 4t	:h
Print.	City, State, ZIP					Year			
IS THIS A CHANGE (			IS A COMMERCIA			S 🗆 NO	)		
TOTAL ATTENDANC	E:	TOT	AL NUMBER OF SESSION	ONS HELD:					
Part I Gaming Prod	ceeds for this Qua	arter	A. Gross proce	eds	B. Cos	t of prizes		C. Adjusted of	gross
1. Door prizes						00	)		00
2. Bingo/Keno				00		00	)		00
3. Cable bingo				00					00
4. Pull tabs # sold at		.25 4		00		00	)		00
5. Raffles, Las Vegas	nights	5		00		00	)		00
6. Video machines (N				00					00
7. Other receipts (Atta				00					00
8. Totals (Add Lines				00		00	)		00
Part II Gaming Exp			•	•	•				
9. Purchase of gamir	ng supplies from lice	nsed distributors		9		00	)		
						0	5		
			lule)			00	5		
		•	,,			0	5		
						00	<u> </u>		
			(Attach schedule)			0(	)		
						0	5		
			chedule)			0(	5		
						0(	)		
						0(			
						0(	5		
						0	)		
						21	<u> </u>		00
									00
Part III Net Proceed		,							
		rter		23 ▶		00	)		
						0(	5		
•	•	` ,				00	5		
			, plus or minus Line 25).			_			00
			Attach Schedule A)			2	7		00
			from Line 26)						00
Part IV Inventory o		•							
						2	9		00
									00
									00
									00
Part V Separate Ch							+	Reconcile	
A. Name of bank(s)	iaritable Gailling	Dank Account init	omation		Account numb	ers(s)	-	Acct. Balanc	
7. Hamo of balik(3)					7 GGGGIR HUIID	.0.0(0)	Α.		- (-)
							A.		
Note: Part V total plu	is Line 32 must equ	ıal Line 28.		B Cash	on hand (cash ban	k)	B.		
r total plu					/ total (Add Line A		C.		
Signature and verifi	cation			O. Tart	. total (ridd Ellio / I	p0 Lilio D)			
		a Revised Statute 4:7	35, I declare that I have	examined th	his report including	all accompanyin	a docum	ents and to th	ne best of my
			n of preparer (other than						.c book or my
Signature of organization		Print name		Title		Telephone		Date	
-		i	J.		1				

Original signed report to be filed with the Office of Charitable Gaming.

Print name

Title

Date

Telephone



#### Louisiana Department of Revenue Office of Charitable Gaming

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OCG307(08\_00)

#### Charitable Gaming Quarterly Report – Schedule A Record of Net Proceeds (Donations) Disbursed Current Quarter

Name of licensee		License Number G-	Quarter Year			Do not write in this space.	
Date	Check no.	Payee	Payee Address	Explanation/reason for donation	Code	Amount	Α
						00	В
						00	С
						00	D
						00	E
						00	
						00	
						00	
						00	
						00	
						00	
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						00	
						00	
						00	
						00	
Subtotal this page							
If this is the last page of Schedule A, add the subtotals of preceding pages and enter here							
Total net	Total net proceeds (donations) disbursed this quarter (Enter here and on quarterly report, Part III Line 27.)						

Codes: A-Educational B-Charitable C-Religious D-Patriotic E-Other public spirited



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## Charitable Gaming Quarterly Report – Schedule B Record of Donated Merchandise – Value of \$100 or More

Name of licensee		G-		Quarter	Year		Do not write in this space.	
Part I. Record of donated merchandise received by licensee during current quarter								
Date received	Na	me of donor	Description of donated merchandise		chandise	Fair market value		
						00		
						00		
						00		
						00		
						00		
						00		
						00		
						00		
						00		
						00		
						00		
						00		
						00		
						00		
Part II. Recor	d of donated merch	nandise awarded as		ee during current mont				
Date received	Date awarded	Type of game	Description of donated merchandise		ndise	Fair market value		
						00		
						00		
						00		
						00		
						00		
						00		
						00		
						00		
						00		
						00		
						00		

OCG308(08\_00)



# State of Louisiana Department of Revenue Office of Charitable Gaming P.O. Box 98502 Baton Rouge, LA 70884-9502

# Actual Physical Count of all Inventory on Hand And Assigned Fixed Value of Gaming Supplies

Name of Organization			License Number		
(where the numbe	card (where the numbers are printers are printed) is colored or tinted determining colored or non-color	d, the paper is			
PLEASE NOTE T	HAT THE ASSIGNED FIXED V	ALUE OF PAI	PER IS THE PRICE CH	ARGED PATRONS.	
Full description of paper or pull tabs  Examples Cut and color 6 on 10 C Cut and series 6 on 10 C (1-9000)  Seal cards Bonanza 6 on 1 NC (red) Criss cross Form #300		Assigned fixed value of paper or face value of pull tabs example: .50, 1.00, 2.00, 10.00		Serial number of paper or pull tabs	Actual quantity on hand
Print name of	person taking inventory		Signature	e of person taking inve	ntory
Title or posit	ion with organization		Da	ate inventory taken	OCG303(08_00)